



IMPORTANT INFORMATION - READ CAREFULLY

Civil Service Commission

Amy Lay, Civil Service Director

City of Denison | P.O. BOX 347 | Denison, TX 75021

DATE POSTED: May 17, 2016 in the Main Lobby, more than 10 days before the examination. The eligibility list is valid for 12 months from the date certified by the Civil Service Commission.

EXAMINATION: ENTRY LEVEL FIREFIGHTER- June 28, 2016

DURATION OF ELIGIBILITY LIST: 12 MONTHS

FIREFIGHTER RECRUIT: \$3,033.33

FIREFIGHTER/6 MONTHS \$3,185.00

FIREFIGHTER/18 MONTHS OF EXPERIENCE: \$3,358.51

APPLICATION DEADLINE: FRIDAY, JUNE 17, 2016 AT 5:00 P.M.

Please be advised: In no case, will applications or certifications be accepted after the deadline. You must send along with your application, a copy of your high school diploma or G.E.D., and a copy of your birth certificate. In order to receive FIVE additional points on the examination for your passing grade, you must also provide a copy of your DD214 (Member 4) showing an honorable discharge. If the application or these required documents are not received by the deadline, you will not be eligible to take the exam. This information must accompany a completed application when returned. Note: YOU MUST HAVE THE PHYSICAL AGILITY TEST CLAIMS RELEASE FORM NOTORIZED.

Minimum Requirements to Sit for the Exam:

- Must be at least 18 years of age.
- A person may not be certified as eligible for a beginning position in a fire department if the person is 36 years of age or older.
- Must have good moral character and be able to meet all legal requirements for future certification by the Texas Commission on Fire Protection personnel standards and education.
- **MUST BE CERTIFIED IN TEXAS AS A FIREFIGHTER/EMT IN ORDER TO TAKE ENTRY LEVEL EXAMINATION;** Those without paramedic certification must receive within 3 years.
- Must pass the written examination, oral interview and physical ability examination.
- Must possess a valid driver license.

Application packets will be available beginning May 17, 2016. To receive the application packet you can download it from the City of Denison website at <http://www.cityofdenison.com/Jobs.aspx> or obtain an application packet in person at the Employee Services Office located at 430 W. Chestnut, Denison, Texas. Study guides are recommended to pass the examination and are available for purchase. The cost is \$13-.

The written examination will be given on **TUESDAY, JUNE 28, 2016 AT 2 PM** in the **SENIOR CITIZENS BUILDING, 531 W. CHESTNUT, DENISON, TEXAS.** Picture ID is required for entrance to the exam. Late arrivals will not be allowed to test.

If you have further questions or would like to request a reasonable accommodation to take the exam, please call Amy Lay at 903.465.2720, extension X2445.



CITY OF DENISON

-AN EQUAL OPPORTUNITY EMPLOYER-

LAST NAME: FIRST NAME: MIDDLE NAME:

ADDRESS, CITY, STATE, ZIP CODE PHONE: SS#

POSITION APPLIED FOR: DATE TO START:

ARE YOU CURRENTLY ON "LAY-OFF STATUS" AND SUBJECT TO RECALL? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN? ☐ YES ☐ NO

HAVE YOU EVEN BEEN EMPLOYED BY THE CITY OF DENISON? ☐ YES ☐ NO

IF YES, WHAT DATES, WHAT POSITION & DEPARTMENT:

LIST YOUR LAST THREE EMPLOYERS, STARTING WITH YOUR PRESENT OR MOST RECENT ONE. INCLUDE MILITARY, PART-TIME, SUMMER & VOLUNTEER WORK. PERIODS OF UNEMPLOYMENT SHOULD BE EXPLAINED.

EMPLOYER: YOUR JOB TITLE:

ADDRESS:

STREET	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
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DATES EMPLOYED: FROM: TO:

HOURLY RATE/SALARY: WORK PERFORMED:

REASON FOR LEAVING:

SUPERVISOR: MAY WE CONTACT?: ☐ YES ☐ NO

EMPLOYER: YOUR JOB TITLE:

ADDRESS:

STREET	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
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DATES EMPLOYED: FROM: TO:

HOURLY RATE/SALARY: WORK PERFORMED:

REASON FOR LEAVING:

SUPERVISOR: MAY WE CONTACT?: ☐ YES ☐ NO

EMPLOYER: YOUR JOB TITLE:

ADDRESS:

STREET	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
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DATES EMPLOYED: FROM: TO:

HOURLY RATE/SALARY: WORK PERFORMED:

REASON FOR LEAVING:

SUPERVISOR: MAY WE CONTACT?: ☐ YES ☐ NO

LIST 3 PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME:					OCCUPATION:	
ADDRESS:						
	STREET	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
NAME:					OCCUPATION:	
ADDRESS:						
	STREET	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
NAME:					OCCUPATION:	
ADDRESS:						
	STREET	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	

HIGH SCHOOL ATTENDED:

SUBJECTS STUDIED: DID YOU GRADUATE? ☐ YES ☐ NO

COLLEGE ATTENDED:

SUBJECTS STUDIED: DID YOU GRADUATE? ☐ YES ☐ NO

OTHER SCHOOLS ATTENDED:

SUBJECTS STUDIED: DID YOU GRADUATE? ☐ YES ☐ NO

LIST ANY SPECIAL TRAINING, CERTIFICATIONS, SKILLS, LICENSES OR SPECIAL STUDY SUBJECTS (INCLUDING MILITARY TRAINING):

A VALID DRIVER'S LICENSE AND A GOOD DRIVING RECORD IS REQUIRED FOR POSITIONS IN PUBLIC WORKS, UTILITIES, AND SOME OTHER CITY DEPARTMENTS. SOME OF THESE POSITIONS REQUIRE A COMMERCIAL DRIVER'S LICENSE.

DATE OF BIRTH: LICENSE NO: STATE: EXPIRATION:

TYPE OF LICENSE: ☐ CHAUFFEURS ☐ COMMERCIAL ☐ OPERATORS

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN: I AUTHORIZE ANY AND ALL LAW ENFORCEMENT AGENCIES TO RELEASE ANY AND ALL INFORMATION IN POLICE FILES PERTAINING TO ANY CRIMINAL ACTIVITY OR TRAFFIC VIOLATIONS ENGAGED IN BY ME TO THE PERSON OR BUSINESS FIRM BY WHATEVER NAME KNOWN, AS INDICATED BELOW. I RELEASE EACH LAW ENFORCEMENT FROM DAMAGES OF WHATEVER KIND WHICH MAY AT ANY TIME RESULT TO ME, MY HEIRS, FAMILY, OR ASSOCIATES, BECAUSE OF COMPLIANCE WITH THIS REQUEST TO RELEASE INFORMATION, OR ANY ATTEMPT TO COMPLY WITH IT.

APPLICANT'S SIGNATURE: _____	DATE: _____
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***PLEASE MAKE CERTAIN THAT ALL QUESTIONS HAVE BEEN ANSWERED AND THE APPLICATION IS COMPLETED CORRECTLY BEFORE SIGNING THIS APPLICATION.**

THIS INFORMATION IS REQUESTED BY THE CITY OF DENISON.

DO YOU HAVE A RELATIVE NOW WORKING FOR THE CITY OF DENISON? ☐ YES ☐ NO

IF YES, THEIR NAME AND RELATIONSHIP TO YOU:

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WHAT POSITION AND DEPARTMENT ?

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HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY IN ADULT COURT?

☐ YES ☐ NO

IF YES, PLEASE GIVE DETAILS. IF YOU HAVE MORE THAN TWO CONVICTIONS, REQUEST ADDITIONAL COPIES OF THIS PAGE. A CONVICTION WILL NOT AUTOMATICALLY KEEP YOU FROM BEING CONSIDERED FOR CITY EMPLOYMENT.

WITH WHAT WERE YOU CHARGED?

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WHEN:

WHERE:

MONTH:	YEAR:	CITY:	STATE:	
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FINE:

NO:	YES, HOW MUCH?	
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PROBATION:

NO:	YES, BEGIN:	WILL END:	
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JAIL/PRISON:

NO:	YES, WHERE?	
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PAROLE COMPLETED/WILL COMPLETE:

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WHEN:

WHERE:

MONTH:	YEAR:	CITY:	STATE:	
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FINE:

NO:	YES, HOW MUCH?	
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PROBATION:

NO:	YES, BEGIN:	WILL END:	
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JAIL/PRISON:

NO:	YES, WHERE?	
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PAROLE COMPLETED/WILL COMPLETE:

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I, THE UNDERSIGNED, CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS FORM IN ITS ENTIRETY, AND THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE. I UNDERSTAND THAT SHOULD ANY STATEMENT I HAVE MADE PROVE FALSE, MISLEADING OR ERRONEOUS, IT MAY RESULT IN THE REJECTION OF MY APPLICATION OR, IF HIRED, DISMISSAL FROM THE CITY OF DENISON. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, AND ANY OTHER PERTINENT INFORMATION THEY MAY HAVE, PERSONAL, OR OTHERWISE, AND I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO THE CITY. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS "AT WILL" OR CONTINGENT AT THE PLEASURE OF THE CITY OF DENISON, AND IS FOR NO DEFINITE PERIOD, AND REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, MAY BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

APPLICANT'S SIGNATURE: _____ DATE: _____

PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED AND THAT APPLICATION IS COMPLETED CORRECTLY BEFORE SIGNING THIS APPLICATION.

DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the fair credit reporting act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation, you are also entitled to a copy of your consumer rights under the fair credit reporting act.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the fair credit reporting act, 15 USC, Section 1681 ET SEQ., the Americans with disabilities act and all applicable federal, state, and local laws, I hereby authorize and permit "The City of Denison" to obtain a consumer report and/or investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, worker' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the department of transportation motor carrier safety regulations, Section 382.413, information concerning alcohol and controlled substances for the past two years;
4. Verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as "The City of Denison" from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the fair credit reporting act may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize "The City of Denison" to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application.

Full Name _____
Please print / Signature / Date



CITY OF DENISON
DENISON, TEXAS

THE CITY OF DENISON IS AN EQUAL OPPORTUNITY EMPLOYER.

The data you provide on this form will be used to obtain and verify background information. It will be maintained separately from your application.

FULL NAME _____

MAIDEN NAME (if applicable) _____

GENDER _____ RACE _____

AGE _____ HEIGHT _____ WEIGHT _____

PLACE OF BIRTH _____

Have you ever been convicted for any violations of the law excluding minor traffic violations?

YES _____ NO _____

If yes, explain:

A false statement is grounds for rejection of your application or dismissal from employment.

Applicant's Signature



DENISON FIRE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize the Chief of the Denison Fire Department or his authorized representatives(s) bearing this release, or copy thereof, to obtain any information in your files pertaining to my educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records. I furthermore authorize any law enforcement agency to release any information pertaining to any criminal activity or immoral conduct engaged in by me. I hereby direct you to release such information upon request by bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Denison Fire Department.

Consent is granted for the Federal Bureau of Investigation and any other law enforcement agency to furnish such information as described about to the Chief of the Denison Fire Department or his authorized representative(s) bearing this release or copy thereof. Consent is further granted for the Denison Fire Department to furnish such information to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau or consumer reporting agency, and any laws enforcement agency, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with the authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated.

Witness

Applicant's Signature

Date

Name (Printed)

Current Address

Telephone Number

Date of Birth

Social Security Number



PHYSICAL AGILITY TEST CLAIMS RELEASE

I, _____, for and in consideration of the opportunity to be considered for employment with the Denison Fire Department, do hereby release, indemnify and agree to hold harmless the City of Denison, the Denison Fire Department, its employees, agents and assigns from and against any and all claims, liability, and causes of action which may have accrued or in the future accrue to me as a result of my taking of a test to determine my physical agility. I understand that the said physical agility test is required as a part of the application procedure for consideration for employment as a member of the Denison Fire Department. I acknowledge that during the taking of the said test, my physical strength, ability, and condition will be measured and in conjunction therewith, I will be required to exert myself physically, and that such exertion is only intended to measure my physical agility and to determine whether or not I meet the job-related requirements regarding physical agility to be considered for employment by the Denison Fire Department. I voluntarily agree to participate in the said test, and realizing the possible consequences of said test, agree to waive and abandon any claim, cause of action or liability that I may presently have or which I may attain in the future as a result of or with regard to the said test.

ACKNOWLEDGEMENT

I, _____, do hereby acknowledge that the foregoing instrument was executed by me for the purpose expressed therein, and I acknowledge that I have voluntarily executed the foregoing instrument, and that the contents thereof are true and correct.

Signature

Date

STATE OF TEXAS

COUNTY OF _____

SWORN AND SUBSCRIBED BEFORE ME, this ____ day of _____, 20 ____.

Notary Public, _____ County, Texas

My Commission Expires _____